

Testimony of State Representative Steve Wieckert

Assembly Bill 834 – Smoke-free Wisconsin *Assembly Committee on Public Health* *417 North (GAR Hall) – February 27, 2008*

Good afternoon Chairman Hines and committee members. I want to thank you for holding a hearing and allowing me to testify in support of Assembly Bill 834, the Smoke-free Wisconsin Bill.

I believe that this is truly a landmark piece of legislation for the state of Wisconsin in helping to keep our citizens healthier, reduce health care costs, create a level playing field for all businesses throughout the state, and allowing all of the people in Wisconsin to work and associate in public places in a smoke free environment.

I am the State Representative whose district includes most of Appleton. In April 2005, there was a voter referendum to determine whether Appleton should go smoke free. The referendum passed with over 55% of the vote. Then, some people in Appleton believed that the new requirements of smoke free workplaces were too strict. Twice smoking advocates for bars and restaurants created addition referendums to allow smoking in some public places. Both times, these efforts were voted down. In November 2006, the third referendum in favor of smoke free workplaces passed by over 57%, with the largest number of voters ever supporting it.

Many people really appreciate Appleton's smoke free public environment. Appleton's smoking ban, for the most part, works well. The one concern I do have is for restaurants and entertainment businesses that lose customers, as in some cases people walk across the street to another municipality, which causes Appleton companies to lose business. A statewide smoking ban would level the playing field for everyone across the state. **By adopting a uniform statewide set of rules on smoking in public, businesses across the state would be treated fairly and the health of Wisconsin's citizens would improve.**

Second Hand Smoke – the Problem:

Research has shown that secondhand smoke, the smoke other people inhale from being around people who smoke cigarettes, is indeed a serious and widespread health problem to non-smokers.

Recent reports from the Center for Disease Control and the Surgeon General of the United States have reported that 126 million non-smokers have measurable levels of a nicotine type compound. This is unfair because they are not smokers.

The good news is that the amount of people affected has actually been declining over the last 10 years because of restrictions on smoking in public areas. This trend needs to continue.

The affects of cigarette smoke on non-smokers can be deadly too:

The Center for Disease Control reports that about 46,000 people die of heart disease caused by smoking in the United States every year. In addition, 3,000 people die of lung disease caused by secondhand smoke, and approximately 400 deaths of young children are attributed to secondhand smoke each year.

As Wisconsin is an average sized state, about 1,000 Wisconsin citizens die each year because of secondhand smoke.

Health care costs:

High health care costs are public enemy number 1 in Wisconsin and around the country. The cost of smoking to the Wisconsin budget is enormous. It is estimated that \$202 million of health care costs in the MA budget alone is used to treat smoking caused illnesses.

The cost is \$2 billion for medical treatments of Wisconsin citizens for illnesses caused by smoking each year. While this number also includes illnesses from people who directly smoke and

those who only receive smoke secondhand, clearly taxpayers are footing the bill to pay for health care costs of smoking related illnesses for people who don't even smoke. If we want to address health care costs, providing a statewide smoking ban is a step in that direction.

A level playing field for small businesses – restaurants and taverns:

Cities such as Madison and Appleton have already enacted such ordinances. Other communities and counties are considering doing so as well. This makes it very difficult for these small businesses to retain their customers and hurts local economies. Creating a statewide ban would treat all such businesses equally and level the playing field for all to compete on a similar basis.

It is very difficult to administer this type of ordinance in a patchwork manner from municipality to municipality. A statewide standard makes much more sense. Wisconsin has 1,922 different units of government. If each one adopts a different type of smoking ordinance, it would result in a very complex, confusing situation for businesses to comply with and for the public to understand.

The Wisconsin Restaurant Association, which supports the ban, has stated, "We feel that [a statewide smoking ban] is the only way to create a fair competitive environment for all eating and drinking establishments in Wisconsin."

Many states already have statewide smoking bans:

These states have already enacted a smoking ban:

- Arizona
- California
- Colorado
- Connecticut
- Delaware
- Hawaii
- Illinois

- Maine
- Massachusetts
- Maryland
- Minnesota
- Nebraska
- New Hampshire
- New Jersey
- New Mexico
- New York
- Rhode Island
- Ohio
- Oregon
- Utah
- Vermont
- Washington

Facts, figures, and accuracy:

I believe the facts, accurately told, will make a convincing case for a statewide smoking ban. Care has been taken to ensure the facts are accurate, up-to-date, and not exaggerated. In each case, I have tried to use information sources that are of high credibility, such as the Center for Disease Control, the U.S. Surgeon General's Office, Legislative Fiscal Bureau, etc.

This is a bipartisan initiative modeled after the local Appleton and Madison smoking bans which have worked well and are very popular in these local areas. It seems clear that this is the direction that the rest of the country, and indeed many other countries worldwide, are headed.

I thank you again for your consideration of this landmark legislation to make Wisconsin smoke free in public places. I would be happy to answer any additional questions of the committee at this time.

2007-2008 legislative session

Legislative bills and resolutions

(search for another legislative bill or resolution at the bottom of this page)

Assembly Bill 834

prohibiting smoking in places of employment, restaurants, taverns, and other indoor areas and providing a penalty. (FE)

TEXT
sponsors
LBR analysis

STATUS
committee actions
and votes
text of amendments

COST & HOURS
of lobbying efforts
directed at this
proposal

Organization		These organizations have reported lobbying on this proposal:	Place pointer on icon to display comments, click icon to display prior comments		
Profile	Interests		Date Notified	Position	Comments
☉	☉	American Cancer Society	2/25/2008	↑	
☉	☉	American Heart Association	2/21/2008	↑	
☉	☉	Campaign for Tobacco-Free Kids	2/20/2008	↑	
☉	☉	Children's Hospital & Health System	2/25/2008	↑	
☉	☉	Marshfield Clinic	2/27/2008	↑	
☉	☉	Smoke Free Wisconsin	2/26/2008	↑	
☉	☉	Tavern League of Wisconsin	2/22/2008	↓	
☉	☉	The Villa Tap	2/25/2008	↑	
☉	☉	UnitedHealth Group	2/21/2008	?	
☉	☉	Wisconsin Alliance of Cities Inc	2/21/2008	↑	
☉	☉	Wisconsin Amusement and Music Operators	2/26/2008	↓	
☉	☉	Wisconsin Association of Health Plans	2/20/2008	↑	
☉	☉	Wisconsin Council on Children & Families	2/21/2008	↑	
☉	☉	Wisconsin Counties Association	2/26/2008	↑	
☉	☉	Wisconsin Independent Businesses Inc	2/21/2008	?	
☉	☉	Wisconsin Medical Society	2/21/2008	↑	
☉	☉	Wisconsin Primary Health Care Association	2/26/2008	↑	
☉	☉	Wisconsin Public Interest Research Group (WISPIRG)	2/26/2008	↑	
☉	☉	Wisconsin Restaurant Association	2/25/2008	↑	

2007-2008 legislative session

Legislative bills and resolutions

(search for another legislative bill or resolution at the bottom of this page)

Senate Bill 150

prohibiting smoking in places of employment, restaurants, taverns, and other indoor areas and providing a penalty. (FE)

TEXT
sponsors
LBR analysis

STATUS
committee actions
and votes
text of amendments

COST & HOURS
of lobbying efforts
directed at this
proposal

Organization		These organizations have reported lobbying on this proposal:	Place pointer on icon to display comments, click icon to display prior comments		
Profile	Interests		Date Notified	Position	Comments
•	•	Affinity Health System	6/1/2007	↑	
•	•	American Cancer Society	4/27/2007	↑	
•	•	American Heart Association	5/30/2007	↑	
•	•	American Lung Association of Wisconsin Inc	4/19/2007	↑	
•	•	Association of Wisconsin Tourism Attractions	6/1/2007	↑	
•	•	Bowling Centers Association of Wisconsin	4/25/2007	↓	
•	•	Campaign for Tobacco-Free Kids	7/31/2007	↑	
•	•	Children's Hospital & Health System	6/14/2007	↑	
•	•	Cigar Association of America Inc	5/31/2007	↓	
•	•	Cigar Store Alliance of Wisconsin Inc.	10/2/2007	?	
•	•	City of Milwaukee	5/31/2007	↔	💬
•	•	Dane County	5/31/2007	↑	
•	•	Green Bay Area Chamber of Commerce	1/4/2008	?	
•	•	Gundersen Lutheran Administrative Services, Inc	1/31/2008	↑	
•	•	League of Wisconsin Municipalities	5/14/2007	↑	
•	•	Marshfield Clinic	6/1/2007	↑	
•	•	Medical College of Wisconsin	6/13/2007	↑	
•	•	Ministry Health Care	5/30/2007	↑	💬
•	•	National Association of Social Workers - Wisconsin Chapter	7/9/2007	↑	
•	•	Smoke Free Wisconsin	5/24/2007	↑	
•	•	Tavern League of Wisconsin	4/20/2007	↓	
•	•	The Villa Tap	7/21/2007	↔	💬
•	•	UnitedHealth Group	2/21/2008	?	
•	•	Wisconsin Academy of Family Physicians	4/24/2007	↑	
•	•	Wisconsin Alliance of Cities Inc	5/31/2007	↑	
•	•	Wisconsin Amusement and Music Operators	5/4/2007	↓	
•	•	Wisconsin Association of Convention & Visitors Bureaus	4/26/2007	↑	

•	•	Wisconsin Association of Health Plans	5/22/2007	↑	
•	•	Wisconsin Association of Local Health Departments and Boards	4/24/2007	↑	
•	•	Wisconsin Association of School Nurses	6/8/2007	↑	
•	•	Wisconsin Council on Children & Families	2/18/2008	↑	
•	•	Wisconsin Independent Businesses Inc	5/24/2007	?	
•	•	Wisconsin Innkeepers Association	6/7/2007	↑	
•	•	Wisconsin Medical Society	4/19/2007	↑	
•	•	Wisconsin Nurses Association	9/8/2007	↔	💬
•	•	Wisconsin Primary Health Care Association	6/5/2007	↑	
•	•	Wisconsin Psychiatric Association	5/31/2007	↑	
•	•	Wisconsin Public Health Association	4/24/2007	↑	
•	•	Wisconsin Public Interest Research Group (WISPIRG)	1/16/2008	↑	
•	•	Wisconsin Restaurant Association	5/4/2007	↑	
•	•	Wisconsin Tourism Federation	6/7/2007	↑	
•	•	Wisconsin Wine and Spirit Institute	6/29/2007	↓	



State of Wisconsin
Department of Health and Family Services

Jim Doyle, Governor
Kevin R. Hayden, Secretary

Wednesday, February 27, 2008

TO: Assembly Committee on Public Health
FROM: Kevin Hayden, DHFS Secretary
RE: Assembly Bill 834

Good afternoon Representative Hines and Committee members. Thank you for the opportunity to talk with you about one of the most important health care and public health issues of our time – tobacco and secondhand smoke. I am pleased to represent Governor Doyle and the Department of Health and Family Services in support of Assembly Bill 834.

This issue is not about parties and politics. It's not about smokers versus non-smokers. This bill will help protect our youth and *all* citizens of Wisconsin.

Having worked in the health care field for decades, I can recall no other single Legislative act that will have as profound, immediate and widespread an impact on public health as this proposed smoking ban.

Almost all Wisconsinites know somebody who has died from a tobacco-related disease. We know that 8,000 Wisconsin residents die each year from a tobacco-related illness. Tobacco is a major cause of the top five killer diseases in our country: heart disease, cancer, stroke, diabetes and chronic obstructive pulmonary diseases, including emphysema and chronic bronchitis.

Tobacco use also costs billions in health care expenses and countless hours of lost productivity every year when people are sick.

Nobody should have to work or socialize in the presence of an EPA-classified "Group A carcinogen," a substance that contains more than 4,000 chemicals and almost 70 different carcinogens.

Under AB 834, people in Wisconsin will never again be forced to risk their health to earn a paycheck or go out to dinner.

Smoke-free workplaces and public places should be the right of all Wisconsinites, and bar and restaurant workers deserve the same protection from secondhand smoke that teachers, doctors, lawyers and others already enjoy.

More than 50 percent of U.S. residents live in completely smoke-free communities. If the Legislature doesn't pass a statewide smoking ban now, municipal governments will be debating this often contentious and divisive issue community by community and

Tobacco use is a critical public health issue and secondhand smoke is an unnecessary health threat and economic burden on our health care systems.

By supporting AB 834, you have the ability to save thousands of lives and millions in future health care costs. Wisconsin taxpayers pay nearly \$500 million every year in Medicaid costs directly related to smoking. The sooner we enact this legislation, the sooner we can start reducing those costs.

On behalf of Governor Doyle and the Department, I ask you to pass a comprehensive statewide smoke-free ban before the end of the legislative session in a few weeks.

Thank you again for the opportunity to testify before the Committee. I am happy to take any questions that Committee members may have.

Assembly Public Health Committee
February 27, 2008

Testimony of Paul L. Decker in favor of Assembly Bill 834

Chairman Hines and members of the committee, my name is Paul Decker. I live in Hartland and am a member of the American Cancer Society Midwest Division Board of Directors. I am here today to ask for your support of AB 834.

*Never
Smoked*

In spring 1997, life was good. I had just purchased a new home with my wife and we were making plans for the summer ahead of us. I was getting ready for softball season and as a precaution my doctor recommended I have a chest x-ray since my family has a history of heart disease. I was not prepared for what came next. It was cancer, specifically lung cancer. Ten days after my diagnosis I underwent surgery to remove my right lung and several lymph nodes. Through long rehabilitation and positive outlook I am a survivor and have committed myself to fighting this disease every way possible.

Many lung cancer patients find out about their diagnosis too late. Lung cancer continues to be the number one cause of cancer death in our country. More people die of lung cancer than of colon, breast, and prostate cancers combined. I was fortunate to have my lung cancer detected early but there are many Wisconsin workers who are at risk for this terrible disease that I would not wish on anyone.

Research has shown that there may be a 50 percent increase in lung cancer risk among food service workers that is attributable to their secondhand smoke exposure. This should outrage us. As legislators, you have the power to enact public policy to protect and improve the public health. This bill before you today is giant step forward in improving the health of our state.

Assembly Bill 834 guarantees every worker a smoke-free workplace. Nobody in our great state should ever have to choose between good health and a paycheck. Its Time to pass AB 834 and protect everyone from a known carcinogen, secondhand smoke. I ask for your support and courage to move this bill forward and do the right thing for Wisconsin. Thank you.

Paul Decker
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**TESTIMONY ON THE SCIENTIFIC EVIDENCE ON THE HEALTH EFFECTS OF
SECONDHAND SMOKE**

**OFFICE ON SMOKING AND HEALTH
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION
COORDINATING CENTER FOR HEALTH PROMOTION
AND HEALTH PROMOTION
U.S. CENTERS FOR DISEASE PREVENTION AND CONTROL**

**HEARING OF THE WISCONSIN ASSEMBLY PUBLIC HEALTH COMMITTEE
WEDNESDAY, FEBRUARY 27, 2008
12:00 PM
417 NORTH (GAR HALL)
STATE CAPITOL**

Good morning. Thank you for the opportunity to speak to you today about the health impact of exposure to secondhand smoke. I am Simon McNabb, Washington DC Policy and Partnership Lead for the Office on Smoking and Health, Centers for Disease Control and Prevention (CDC). I have been working on policy and secondhand smoke issues since 1997, including participating in the development of the U.S. Government's secondhand smoke position during the negotiations for the Framework Convention on Tobacco Control. Most recently, I worked closely with the Office of the Surgeon General on the development and release of the 2006 Surgeon General's Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*.

For the record, I am here today at the request of the Wisconsin Department of Health and Family Services to discuss the scientific evidence regarding the health risks that secondhand smoke exposure poses to nonsmokers. Also for the record, I am not here to speak for or against any specific legislative proposal. I have submitted my written testimony for the record.

The 2006 Surgeon General's Report on *The Health Consequences of Involuntary Exposure to Tobacco Smoke* was only the second Surgeon General's Report to focus on the health effects of secondhand smoke, and the first to do so in 20 years. The Report systematically reviewed the scientific evidence that has accumulated since the 1986 Surgeon General's Report on *The Health Consequences of Involuntary Smoking* using established criteria of causality. The new Report concludes that secondhand smoke contains more than 50 cancer-causing substances. The National Toxicology Program of the National Institutes of Health, the International Agency for Research on Cancer, and the U.S. Environmental Protection Agency have all designated secondhand smoke as a known human carcinogen, and the National Institute for Occupational Safety and Health has designated secondhand smoke as an occupational carcinogen. Importantly, the new Surgeon General's Report concludes that there is no risk-free level of secondhand smoke exposure.

The new Report provides a comprehensive review of the health effects of secondhand smoke. The Report concludes that secondhand smoke causes premature death and disease in children and nonsmoking adults. The Report finds that children who are exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections such as pneumonia and bronchitis, middle ear disease, more severe asthma, respiratory symptoms, and slowed lung growth. The Report also concludes that secondhand smoke causes heart disease and lung cancer in nonsmoking adults. Specifically, nonsmokers who are exposed to secondhand smoke in the home or workplace increase their risk of developing heart disease by 25 to 30 percent and their risk of developing lung cancer by 20 to 30 percent. The California Environmental Protection Agency recently estimated that exposure to secondhand smoke causes about 23,000 to 70,000 heart disease deaths and about 3,400 to 8,900 lung cancer deaths among U.S. nonsmokers each year. The Report finds that secondhand smoke has immediate adverse effects on the cardiovascular system. Persons who have or are at special risk for heart disease should take special precautions to avoid secondhand smoke exposure.

The Report also examines trends in secondhand smoke exposure. Exposure among U.S. nonsmokers has declined sharply over the past 20 years. Levels of cotinine, a biological marker of secondhand smoke exposure, fell by 70 percent from 1988-91 to 2001-02. The proportion of nonsmokers with detectable cotinine levels has been halved from 88 percent to 43 percent over that period.

However, more than 126 million nonsmoking Americans, including both children and adults, are still exposed to secondhand smoke. The Report concludes that the home and the workplace are the main settings where nonsmokers are exposed to secondhand smoke. Children and teens, African Americans, and blue collar, service, and hospitality workers remain disproportionately exposed. Restaurant, bar, and casino workers are especially likely to work in environments where smoking is allowed and to be exposed to high levels of secondhand smoke on the job.

Finally, the Report also addresses approaches to protecting nonsmokers from secondhand smoke exposure. The Report concludes that eliminating smoking in indoor spaces fully protects nonsmokers from secondhand smoke exposure, and that smoke-free workplace policies are the only effective way to ensure that secondhand smoke exposure does not occur in the workplace. Other approaches are not effective. The Report finds that separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate secondhand smoke exposure.

Smoke-free policies in hospitality venues such as restaurants and bars protect employees and patrons alike from the unnecessary health risks posed by exposure to secondhand smoke. Studies have found that smoke-free policies in hospitality venues are associated with improvements in indoor air quality, reductions in nonsmoking employees' secondhand smoke exposure, and improvements in employees' sensory and respiratory symptoms and respiratory function. These improvements occur rapidly once smoke-free policies are implemented, typically within months of the effective date.

Comprehensive smoke-free laws that make all indoor workplaces and public places smoke-free also appear to have broader effects on secondhand smoke exposure and health on a population level. A study in New York state found that cotinine levels among nonsmokers in the general population fell by 47% in the year following implementation of a comprehensive statewide smoke-free law. Eight published studies conducted in a number of different communities, states, and countries all have reported that implementation of smoke-free laws is associated with rapid and substantial reductions in hospital heart attack admissions in the general population.

In addition to protecting nonsmokers from secondhand smoke exposure, the Report finds that smoke-free workplace policies help employees who smoke quit. This, in turn, would be expected to save employers money by reducing health care and disability costs, by increasing productivity among their staff through a decreased number of breaks taken and sick days used, and by reducing workers' compensation, life insurance, and maintenance costs. Smoke-free policies in public places and workplaces also promote health by contributing to changes in community norms regarding smoking and by setting a positive example for youth.

The Surgeon General has concluded that involuntary exposure to secondhand smoke is a common public health hazard that is entirely preventable by appropriate regulatory policies. Both the Surgeon General and the U.S. Task Force on Community Preventive Services have concluded that the most effective strategy to reduce nonsmokers' exposure to secondhand smoke is the establishment of smoke-free environments. Our nation's *Healthy People 2010* objectives seek to assure optimal protection of nonsmokers from secondhand smoke exposure through policies, regulations, and laws requiring smoke-free environments in all worksites and public places.

In summary, exposure to secondhand smoke poses serious health risks. A substantial portion of the state's population continues to be exposed to secondhand smoke at work and at home, which are the two most important settings where exposure occurs. Hospitality workers are more likely than workers in other occupations to be exposed to secondhand smoke and its associated health risks on the job. And, unlike many other health hazards, secondhand smoke exposure is completely preventable.

Thank you.



Office of the Mayor

David J. Cieslewicz

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Remarks Before the Assembly Committee on Public Health on AB 834 February 27, 2008

Good morning, Rep. Hines and members of the Committee. My name is Mario Mendoza and I am the Economic Development and Legislative Liaison for the City of Madison. On behalf of Mayor Dave Cieslewicz, I thank you for the opportunity to speak today on Assembly Bill 834.

First, I would like to commend the bi-partisan coalition that is championing this bill. The fact that members of both houses and both parties are supporting this legislation I believe indicates the status of the broad public discourse that is taking place over smoke-free workplaces. The City of Madison, some of our neighboring communities, some of our neighboring states, and even entire countries are adopting smoke-free workplace regulations out of a concern for the health impacts of second-hand smoke.

Second, I would like to speak briefly about the economic impact of the smoke-free ordinance in the City of Madison. As is the case with the proposal before you today, there was a vigorous debate of our ordinance. Opponents predicted broad negative economic consequences in Madison resulting from adoption of the smoke-free workplace ordinance. The data we have gathered so far indicates that those fears have not been realized. For instance:

- A before-and-after comparison of liquor licenses in the City of Madison shows that liquor licenses have increased 9.9% since the ordinance went into effect.
- Employment in Madison's service industry increased by 15.5% between 2005 and 2006.

Finally, implementation of our smoke-free ordinance has gone fairly smoothly. Although our Department of Public Health needed to follow up on some complaints during the first few months after the ordinance went into effect, there has been great compliance ever since. I have been informed by our Department of Public Health that they have not received a complaint in approximately 24 months. Tavern owners have also made efforts to successfully adjust to the ordinance. As many as 44 establishments have added outdoor seating areas to accommodate their customers who smoke.

On behalf of the City of Madison, I again commend the sponsors of this bill—a fair regulation that creates a level playing field across the state—and urge its passage.

Thank you for affording me the opportunity to address you this afternoon.

from David Abana

Table 3. Percent Reporting Upper Respiratory Symptoms at Baseline and Follow-up and Results of Paired T-Test Analyses* (Non-Smokers; N=230)

Upper Respiratory Symptoms (past 4 weeks)	Percent Reporting Symptom		Paired t-tests
	Baseline	Follow-up	
Wheezing or whistling in chest	31%	21%	.001
Shortness of breath	41%	30%	.001
Cough first thing in the morning	43%	33%	.014
Cough during the rest of the day/night	52%	32%	.000
Cough up any phlegm	53%	34%	.000
Red or irritated eyes	70%	48%	.000
Runny nose/irritation, sneezing	78%	57%	.000
Sore or scratchy throat	61%	38%	.000

* 2-tailed test



Serving the
Lodging Industry
for Over 100 Years

February 27, 2008

To: Assembly Committee on Public Health
Representative Hines, Chairman

From: Trisha Pugal, CAE
President, CEO

RE: **Support of AB 834 (Statewide Smoking Ban)**

On behalf of the Board of Directors of the Wisconsin Innkeepers Association, a non-profit organization representing over 1,000 lodging properties around Wisconsin, we respectfully ask for your support of AB 834, a bill establishing a Statewide Smoking Ban for workplaces.

With the many speakers today you will likely hear about the dangers of continuing to have municipalities individually passing local ordinances banning smoking in workplaces – many with differing fine detail – resulting in what is accurately defined as a “patchwork” of bans around the state. This can result in both bars and restaurants feeling the effects of unfair competition, especially those bordering municipalities with differing smoking regulations.

A statewide smoking ban makes sense as it allows all bars and restaurants in the state to compete on their own merits, not dependent upon their own or neighboring community’s smoking ordinances.

As the lodging industry is comprised of many owners and operators who also operate a restaurant and/or bar on their premise, we feel it is imperative that bars and restaurants are treated equally in any statewide smoking ban. AB 834 accomplishes this.

AB 834 also includes almost all of the components of SB 150 as amended in Senate committee, however it provides better clarity in the allowance for smoking of samples in businesses having over 80% of their revenue coming from the sale of tobacco products.

This bill involves a compromise between many health advocacy organizations and business organizations with a common goal of protecting employees from continuous exposure to second hand smoke and the health conditions that can result from this.

Please consider the neighboring states that have recently passed statewide smoking bans, removing any concerns over possible competitive disadvantage for communities near the borders. Consider the increasing priority being placed on Health Care and the ensuing costs for employers and employees. Consider more closely the recent studies showing no impact or actual improvement for businesses in areas with smoking bans. And consider the negative reputation that Wisconsin could garner from being one of the only states in our region that does not provide smoke-free restaurants, bars, and other public workplaces.

AB 834 protects employees from second-hand smoke, eliminates the uneven and unpredictable competition between businesses in neighboring communities, and allows bars and restaurants to compete equally on their own merits. We ask you to support this bill.

Cc: WIA Executive Committee
Kathi Kilgore

1025 S. Moorland Rd.
Suite 200

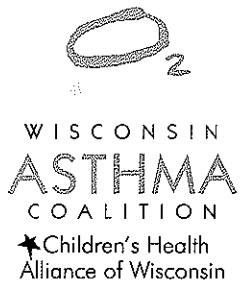
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Assembly Committee on Public Health
Testimony, AB 834
Wednesday, February 27, 2008
State Capitol
Madison, Wisconsin

My name is Kristen Grimes, Asthma Project Manager for Children's Health Alliance of Wisconsin (Alliance). The Alliance works to improve children's health in Wisconsin and manages the Wisconsin Asthma Coalition (WAC), a statewide group of over 260 individuals and organizations, committed to improving the management and care for those with asthma. **On behalf of the Alliance and the Wisconsin Asthma Coalition I support AB 834 for smoke-free workplaces for the following reasons:**

1. **Tobacco smoke is one of the worst triggers of asthma attacks.** A person with asthma cannot enter smoky establishments for fear of a potential life-threatening asthma attack.
2. **People with asthma should have free choice in the job market.** Available jobs for people with asthma are limited by whether or not they are smoke-free. By making all workplaces smoke-free, people with asthma would have the freedom to work anywhere.
3. The effects of working in a smoky environment arise even after an employee goes home. **An asthma attack can be triggered by just being around someone who smells like smoke!** If a parent of a child with asthma comes home from work smelling of tobacco smoke, he/she could trigger an asthma attack just by giving their child a hug.
4. **People should be able to enter any establishment, without putting their families at risk!** On a personal note, my husband and I have stopped going to establishments that allow smoking as I am an asthmatic and our daughter is at risk for developing asthma. We often used to dine with my parents at their favorite Italian restaurant. Even though the dining area is non-smoking we would leave reeking of tobacco smoke from people smoking at the bar. I've often had an asthma attack and had to use my rescue inhaler after dining there. We no longer join them for dinner and they are saddened that they cannot show off their granddaughter to their friends. We should not have to make this decision.

On behalf of the Alliance & the Wisconsin Asthma Coalition I respectfully urge you to support AB 834 and thank you for your attention to this critical need.

Thank you,

Kristen Grimes, MAOM, CHES
Asthma Project Manager
Wisconsin Asthma Coalition
Children's Health Alliance of Wisconsin



MARSHFIELD CLINIC®

**Testimony Before The Assembly Public Health Committee
Robert Phillips, M.D.
Internal Medicine/Geriatrics/Government Relations, Marshfield Clinic
Wednesday, February 27, 2008
AB 834-Smoke Free Public Buildings**

Introduction

Chairman Hines, members of the Assembly Public Health Committee and Staff, I am Dr. Robert Phillips, a practicing internist and geriatrician at Marshfield Clinic and Medical Director of Government Relations. I am here to testify in support of AB 834, relating to smoke free public buildings including restaurants and taverns.

Marshfield Clinic, a health care system of over 80 medical/surgical specialties and subspecialties, has as our mission to provide high quality health care to all who access our system; to engage in basic science and clinical research to improve patients' and citizens' lives; and to train the next generation of physicians with an emphasis on rural practice. Marshfield Clinic's system comprises 41 soon to be 47 centers in north central Wisconsin, served by approximately 800 physician specialists providing primary, secondary, and tertiary medical/surgical care and staffed by 6500 employees.

Marshfield Clinic embraces the Institute of Medicines six aims for the transformation of the 21st century health care system with health care that is safe, effective, patient-centered, timely, efficient, and equitable. Marshfield Clinic urges the Wisconsin Legislature to use these six aims as a yardstick to test the benefit of pending legislation for Wisconsin citizens.

Marshfield Clinic cared for approximately 365,000 unique patients in 2007 representing about 1.8 million visits. Marshfield Clinic, through Family Health Center of Marshfield, Inc., a federally qualified health center, provides care to the medically underserved including Medical Assistance, BadgerCare, and uninsured patients who need but cannot access care in traditional settings. Security Health Plan, our health insurance plan which Marshfield Clinic solely sponsors, covers approximately 150,000 lives including 25,000 soon to be 40,000 individuals in the Managed Medical Assistance/BadgerCare program partnering with the State of Wisconsin to provide high quality health care for low income individuals. Approximately 15,270 SHP members are smokers. Medical expenditures in 2007 approximated 11% of total expenditures by SHP and were directed to smoking related illnesses costs born by smokers and nonsmokers alike. Security Health Plan actively encourages smoking cessation for its enrollees through counseling, medication or both and pays approximately \$50,000 a month towards the cost of these treatments for individuals to assist them to quit smoking.

Second Hand Smoke—Health Consequences

Disability/Death

- Tobacco use is the single most avoidable cause of disease, disability, and death in the United States.
- Approximately 438,000 people die annually from smoking related illnesses; of those 124,000 die from cancer, 87,000 from coronary artery disease, and 91,000 from chronic lung disease.
- 8.6 million Americans have a serious illness caused by smoking.

Health Care Costs-US

- \$75 billion in medical expenses annually.
- \$92 billion economic costs (lost productivity).
- \$2billion smoking related health care costs in WI

Smoking Attributable Tumors or Cancers

Lung, trachea, oropharynx, larynx, esophagus, stomach, pancreas, cervix, genitourinary tract, and acute myeloid leukemia.

Lung Cancer

- Represents 15% of all cancers.
- Leading cause of cancer deaths.
- In US 29% of all cancer deaths.
- Tobacco responsible for 90% of cases.

Wisconsin Lung Cancer Statistics

- 3930 estimated cases in 2007.
- 2890 estimated deaths in 2007.
- 10% of lung cancers occur in never-smokers (up to 20% of females).
- 6th most common cause of cancer deaths.
- Environmental Tobacco Smoke (ETS) - secondhand smoke and radon are the two major contributing causes for the development of lung cancer in nonsmokers.
- Secondhand smoke contains more than 250 toxic chemicals and more than 50 known carcinogens.
- Some carcinogens include benzene, vinyl chloride, arsenic, chromium, and cadmium.
- Secondhand smoke or Environmental Tobacco Smoke is a designated human carcinogen and designated occupational carcinogen.

Annual Health Impact of Environmental Tobacco Smoke in the US

- 3000 lung cancer deaths.
- 35,000 deaths from coronary artery disease.
- 150,000 to 300,000 children less than 18 months of age with respiratory disease.
- No risk free level - only method to protect nonsmokers:
 - Eliminating smoking in indoor spaces.

- o Separating smokers, cleaning the air or ventilating buildings does not eliminate exposure, may actually increase it (Surgeon General Report 2007).

Coronary Heart Disease

- Leading cause of death in United States.
- Totaling 861,000 or 35% of all deaths in U.S. in 2005.
- In 2008, 770,000 Americans will have a major coronary heart disease event.
- Exposure to ETS increases the risk of developing Coronary Heart Disease by 25% to 30% among nonsmokers.
- Brief exposure to ETS increases the immediate risk of an acute heart attack or cardiac arrest due to pathologic mechanisms in the heart's circulation that are caused by secondhand smoke.
- Banning smoking in public places is necessary because physical separation within a building, conventional air filter systems, and routine operation of ventilation systems can actually distribute ETS throughout buildings.

Marshfield Clinic supports AB 834/Smoke Free Public Buildings because:

1. Marshfield Clinic recognizes the individual health and public health benefits of smoke free public environments.
2. Marshfield Clinic recognizes that uniform standards consistent across the state will avoid a patchwork of local ordinances that vary in what is and what is not exempted.
3. Marshfield Clinic recognizes there are potential economic pitfalls with smoke free legislation; however, evidence to date from a number of studies does not support this contention.
4. Marshfield Clinic as a major Wisconsin health care system must endorse smoke free legislation at the state level because it is a patient safety and public health issue. We are advocating on behalf of our patients young and old and those with chronic disease including asthma, heart disease, vascular disease and cancer. When only 22% of Wisconsin adults smoke, health care must advocate for those who do not, the other 78% of our citizens.
5. The Surgeon General's Report of June 2006 brought additional data underscoring the adverse public health impact of secondhand smoke for children and for adults. We can no longer ignore the fundamental health consequences of smoking, direct and secondhand.

In Summary

Marshfield Clinic supports AB 834, statewide ban on smoking in public places including restaurants and taverns to align us with Minnesota and Illinois so that consistency within Wisconsin and surrounding border states will occur.

Thank you for allowing me to testify and I would be glad to entertain questions.

February 26, 2008

Testimony to Wisconsin State Legislature

I would like to ask the State Legislature to approve a statewide ban on smoking in restaurants and bars. The health benefits of policy action to limit smoking have been demonstrated across the nation and the world in the last decade. We know that limiting the places where people smoke not only protects non-smokers from second hand smoke but also results in fewer teens initiating smoking, and smokers who smoke fewer cigarettes per day.

But there are specific advantages to a statewide policy. This would establish uniformity across municipalities, and enable small cities and rural areas to implement policies to protect the health of their citizens. It would keep other areas from becoming "smoking hot-spots" - sacrificing the health of their residents for fleeting economic benefit.

Most importantly, a statewide, uniform ban on smoking in public places would put Wisconsin where we belong in the leadership of states committed to the health of our citizens. This is an important symbolic measure and a more important public health action. We stand poised to protect the health of our citizens and our children. We respect our physicians and nurses because they have the ability to save lives through their work- today, as legislators, you have the opportunity to join medical professionals in their heroic work. It is a great act to save a life, and one that I hope you will be proud to achieve.

Sincerely,

Marion Field Fass
Professor of Biology
Beloit College

February 26, 2008

We should not be even asking ourselves the question if or if not the state of Wisconsin should be smoke free. We should be asking the question of do we care about the future of Wisconsin?

I believe Wisconsin should be the next smoke free state for many reasons. The key reason is to preserve the health of the generation now and the next generation. Second hand smoke is deadly and we know this, why are we not doing anything about it. Bars and restaurants should be smoke free to protect the health of the employees who have to work there.

Many employees do not have a choice in where they want to work. We need them to be 100% smoke free. Little children do not have a choice in weather or not they get to enter a restaurant based on if it's smoking or not, if their parents are going there then so are they. Wisconsin needs to be the voice of these children and employees. Wisconsin needs to be a leader.

We have always been a state that has been proud of what we have accomplished. Let's add one more thing to the list that we can be proud on. Let's make the future generations realize what a great state Wisconsin is. Wisconsin should be a smoke free state for the health and for the future of the state as a whole.

Megge Casique
UW LaCrosse Student
Resident of Beloit, WI

My grandfather was a World War I veteran who suffered breathing difficulties due to lungs damaged by exposure to mustard gas during the war in France. A smoke free environment was not a trivial matter to him. Indeed, the quality of his life would have improved immeasurably had he lived to enjoy a smoke free Wisconsin. My eldest daughter has asthma – breathing clean air is not a luxury but a necessity for her as well. I was raised with the admonition to do no harm to others, to act responsibly, to recognize that in a community there are times when my actions must be – should be – circumscribed in order to protect the well being of others. Smoking causes unambiguous harm to others, whether that consequence is unintended or not. My grandfather died without respite from the scourge of second hand smoke, you, as legislators, have an opportunity to effect a change that will ensure that my daughter does not live under a hurtful and harmful cloud. After all, the restriction of a behavior that causes harm to others is not a limitation of liberty but an appropriate protection of liberty. Please make Wisconsin smoke free.

John Pfeiderer

February 26, 2008

Ladies and Gentlemen:

I live in the city of Janesville and am the mother of two young girls. I am writing this letter to encourage you to support Smoke Free Wisconsin legislation that is implemented quickly.

Thankfully the city of Janesville has passed an ordinance that prohibits smoking in restaurants. But unfortunately it does not include workplaces, bars or bowling alleys. I am very aware of the negative health consequences of exposure to secondhand smoke and because of this knowledge I have never taken my children to a place that allows smoking. This means that when I take my children bowling I have to take my business to Illinois; this also means that my husband and I cannot go to a local bar to hear a musician we enjoy. My health, the health of my children and my husband should not be compromised just because we want to enjoy some social activities in our own state.

Please support Smoke Free Wisconsin legislation. My children don't even know what an ashtray is. Don't let their state be known as the "ash tray of the Midwest."

Respectfully,

Sarah C. Johnson
1314 S. Arch St.
Janesville, WI 53546

February 26, 2008

Dear Elected Official,

Today is the day for the voices of the thousands of citizens who support smoke-free air to be heard. The fact that second hand smoke is hazardous to health cannot be denied. Study after study has proven that those exposed to the toxic fumes from a burning cigarette are in grave danger. You, our elected officials, must listen to your constituents who cry out for protection from this danger. I am crying out for protection, because I know tobacco smoke is a real danger to all citizens. I have held the hand of a loved one dying of lung cancer; I have witnessed several friends struggling daily with oxygen tubes and tanks; I have heard an asthmatic child gasp for breath. All of these people, your constituents, suffered because of second-hand smoke. I am an ordinary citizen. I do not have money. I do not have power. What I do have is a strong belief that my legislators want to do what's best for all of us. I have the belief that you will make the right decision, the decision to protect the citizens of Wisconsin by passing Assembly Bill AB834.

Sincerely,

Lori McMillan
725 Baldwin Woods Road
Beloit, WI 53511
608-365-8802

February 26, 2008

Assembly Public Health Committee

Chair: Representative Doc Hines

My father died of lung cancer.....my mother smoked for 35 years..... My lungs are at risk because of someone else's behaviors.....I want my children and my grandchildren to breathe clean air – ALL the time.

Smoking is the leading avoidable cause of cancer.

I urge the Wisconsin Legislature to stop bowing to special interest groups – the WI Tavern League – and vote for what is in the best interest of the majority of Wisconsin's population.

The Breathe Free Wisconsin Act is so important to the people of this great state.
I urge Wisconsin legislators to support the health of their voters and pass this life-saving bill.

The passage of the Breathe Free Wisconsin Act should be a no-brainer.

End smoking in all public workplaces.

Kate Baldwin
1217 S Willard Avenue
Janesville, WI 53546

I am a firm believer that Wisconsin needs have a smoke-free environment. I am a Middle School Health teacher, and I hear story after story of how students are victims of second hand smoke. They seek my advice on how to get away from the second hand smoke and how to get their parents to stop smoking.

Not only are kids confused about why tobacco is legal since it causes so many problems, they also share concern about their rights as non-smokers. With education today many students have encouraged their parents to smoke outside, designate one room in the house a smoking room or quitting altogether.

I encourage Wisconsin to back up what is being taught to the children of Wisconsin by making our state smoke-free. 75% of adults do not smoke and it is illegal for anyone under 18 to smoke so let's protect those people who are choosing to make healthy choices about not smoking.

Deb Karpfinger-Goodwine
Aldrich Middle School
Health Teacher

February 26, 2008

It is my tomorrow opinion as not only a proud University of Wisconsin student but also as an avid consumer that the state of Wisconsin should move to being smoke free for not only the social and health benefits but also for economic ones too.

Wisconsin has a long and storied history in the department of political progressiveness and social change. From starting Earth Day, open primaries, political initiatives, and social innovations we could only add to our reputation for forward thinking change and advanced social policies by making the state smoke free. This step would allow men and women to work in an environment that is not threatening to their wealth or well being and also their family's health and well being.

Furthermore it would allow the common consumer to into a restaurant or environment that is free of the hazards that second hand smoke posses to their health. Often times the risks presented from the inhalation of second hand smoke are equally damaging or even more so than the direct consumption of tobacco products.

On the economic side of the issue, although revenues from cigarette sales would decrease so would expenditures in the health and social wellness fields. A smoke free state is an economicly viable, and profitable, ideal. Wisconsin should move to being smoke free as soon as possible. When we consider the future of our citizens and their health and well being there is no other option than to go smoke free.

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